

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30431

FILED  
May 04, 2009  
Secretary of State

Entity Name: MUSEUM OF SCIENCE ENDOWMENT FUND, INC.

**Current Principal Place of Business:**

3280 SOUTH MIAMI AVENUE  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

3280 SOUTH MIAMI AVENUE  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 65-0166471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALVAREZ, VICTOR M  
3280 SOUTH MIAMI AVENUE  
MIAMI, FL 33129      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: LESS, MITCHELL  
Address: 3280 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33129

Title: DT      ( ) Delete  
Name: GOMEZ, GUILLERMO  
Address: 3280 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33129

Title: P      ( ) Delete  
Name: THOMAS, GILLIAN  
Address: 3280 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33129

Title: V      ( ) Delete  
Name: MCKEE, G NANCY  
Address: 3280 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33129

Title: S      ( ) Delete  
Name: ALVAREZ, VICTOR M  
Address: 3280 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V      (X) Change ( ) Addition  
Name: SARANGAPANI, RAJENDRAN  
Address: 3280 SOUTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33129

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILLIAN THOMAS

P

05/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date